



Updates From the Field BEST PRACTICES

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PERSONALIZED CLIENT FOLLOW-UP THROUGH CALL SLIPS

Background

Talisay is one of the municipalities of Cebu Province, which is located in the Visayas region of the Philippines. It is about 13 kilometers from Cebu City. As of February 2000, it had a population of 150,278. The municipality comprises 22 *barangays* (villages), including 4 far-flung barangays that have limited access to regular transportation. It has three main health centers and one newly opened district hospital.

Although Talisay is a progressive town with numerous factories, industries, and businesses, the health status of its women and children remains wanting. In 1998, only 83% of its children between the ages of 0 and 11 months were fully immunized. Meanwhile, only 50% of mothers were fully immunized, and 40% were found to be family planning (FP) defaulters, triggering an increase in the birth rate. This was demonstrated by an increase in births at the maternity clinic, with simultaneous deliveries occurring at times.

These conditions may be partially attributable to the inability of health personnel to visit their catchment barangays. Their mobility has been curtailed because of the Commission on Audit regulation that incentives cannot be provided for travel within a



50-kilometer radius. This regulation posed a problem because health workers had to use their own funds to pay for visits to their catchment areas. So health workers tended to stay in the health centers and wait for the clients to come to them. The programs' coverage rates, therefore, dropped and the unmet needs of the people increased.

In 1999, the Matching Grant Program (MGP) of the Department of Health began providing financial and technical assistance to Talisay. Its initial activities under the MGP included establishing a community-based monitoring and information system (CBMIS) which identifies priority clients for FP and maternal and child health (MCH) services, primarily through a household

survey. The initial survey showed that many children were not immunized, a number of pregnant mothers had either incomplete or no tetanus toxoid (TT2+) immunization, and current FP users were not obtaining their supplies from the health centers. This is consistent with the findings of the 1998 National Demographic and Health Survey, which showed national program coverage rates far below desired levels. The same survey revealed a wide gap between FP knowledge and practice. For instance, 97.6% of all women surveyed knew about specific contraceptive methods, but the contraceptive prevalence rate remained low at 47%.

The Intervention

The Municipality of Talisay regarded the advent of the MGP as an opportunity to address the low coverage rates, particularly for fully immunized children (FIC), TT2+ immunization, vitamin A supplementation, and FP. With MGP funds, health personnel will be able to regularly visit their catchment



MATCHING GRANT PROGRAM
Department of Health

barangays to provide services to those who are unable to go to the health center. This outreach activity is known locally as *Panagtambayayong*.

The health centers carry out a *Panagtambayayong* at least once a month for their respective catchment barangays, specifically to follow up and reach program defaulters. It runs for three days, usually starting on a Wednesday. Each team is composed of either a doctor or nurse, two or three midwives, and the volunteer health worker of the barangay. Every member of the team receives P250 (US\$5) per day as an incentive.

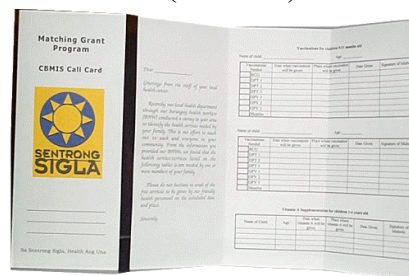
In preparation for the *Panagtambayayong*, call slips are distributed to all program defaulters, advising them to come to the health center during the scheduled dates of the *Panagtambayayong*. There are three

types of call slips: for child immunization, TT immunization, and FP. The call slips are issued to ensure that mothers bring their children to the health center for immunization and that FP defaulters come for their supplies as scheduled.

Positive Outcomes

- Improved coverage rates in the municipality of Talisay (see Table 1). About 90% of those issued call slips actually come for services during the *Panagtambayayong*;
- Personalized follow-up of defaulters, letting target clients know that they are important;

MGP sites (see below).



Lessons Learned

- Call slips improve utilization of services.
- Call slips add a personal touch to the provision of services because they indicate concern for the

**Table 1. Coverage Rates for Selected Program Indicators
Talisay, Cebu, 1998 and 1999**

Indicator	Aug-Dec 1998			Aug-Dec 1999		
	Target*	Actual	%	Target**	Actual	%
Fully immunized children	1,443	1,098	76.09	1,556	1,540	98.97
TT2+ immunization	1,870	826	44.17	2,136	1,416	66.29
Vitamin A supplementation	14,752	15,061	102.09	15,973	15,643	97.93

* Based on FHSIS
** Based on CBMIS

Note: MGP implementation started in August 1999

How It Works

- Using the CBMIS master list, midwives identify defaulters, that is, clients who have failed to come on the scheduled date for routine services.
- Midwives prepare the call slips for all defaulters, inviting them to come to the center for the *Panagtambayayong*.
- Volunteer health workers distribute the call slips in their respective catchment barangays using *tora-tora*, an indigenous vehicle that the municipal government provides to all barangays.
- Mothers countersign the call slips upon receipt.
- Mothers bring the call slips with them to the *Panagtambayayong*, together with the children's yellow cards, if they have children aged 11 months or younger.
- The midwives countercheck the call slips against the master list and identify clients who were issued call slips but have not yet come.
- Volunteer health workers follow up with target clients who have not yet arrived by 10 am.

- Increased demand for routine health services;
- Stronger partnership between health workers and barangay leaders. The Municipal Health Officer and/or the nurse attend the meetings of the Association of Barangay Captains as regular members;
- Allocation of supplies based on priorities. Those issued call slips are guaranteed that supplies will be available; and call cards that evolved from the one used in Talisay are now being used in all

welfare of clients.

- It is important to involve community leaders and give them feedback about their constituents' health status to enlist their support.
- Outreach services and the distribution of call slips are seen as means of encouraging clients to visit health centers for scheduled routine services.

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